Fill in this information	on to identify your case:	
Debtor 1	John Edward Mcknight, III	_
Debtor 2 (Spouse, if filing)		_
United States Bank	cruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	_
_	22-10099AMC	Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official For	<u>m 106l</u>	MM / DD/ YYYY

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	Employment status	■ Employed	■ Employed
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
employers.	Occupation	Postmaster	Service/Office
Include part-time, seasonal, or self-employed work.	Employer's name	USPS	Nutrition Inc
Occupation may include student or homemaker, if it applies.	Employer's address	475 L'Enfant Plaza SW Washington, DC 20260	580 Wendel Road Suite 100 Irwin Pa 15642
	How long employed the	here? 13 Years	

Give Details About Monthly income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 1,057.77 6,475.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. +\$ 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 6,475.00 1,057.77

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	John Edward Mcknight, III	_	C	ase number (if ki	nown)	22-10	0099A	MC	
					For Debtor 1		For	Debtor	2 or	
							non	-filing s		
	Cop	y line 4 here	4.		\$ 6,475	5.00	\$	1,	,057.77	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 1,300	0.00	\$		195.43	
	5b.	Mandatory contributions for retirement plans	5b.			2.00	\$		21.06	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ (	0.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d.		\$	0.00	\$		0.00	_
	5e.	Insurance	5e.			2.00	\$		0.00	
	5f.	Domestic support obligations	5f.		. —	0.00	\$		0.00	_
	5g.	Union dues	5g.			0.00	\$		36.33	_
	5h.	Other deductions. Specify:	5h				+ \$		0.00	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 1,994		\$		252.82	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 4,481	1.00	\$		804.95	_
8.		all other income regularly received:								
	8a.	Net income from rental property and from operating a business, profession, or farm								
		Attach a statement for each property and business showing gross								
		receipts, ordinary and necessary business expenses, and the total	_		_		_			
	01	monthly net income.	8a.			0.00	\$		0.00	_
	8b.	Interest and dividends	8b	•	\$	0.00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive								
		Include alimony, spousal support, child support, maintenance, divorce								
		settlement, and property settlement.	8c.			0.00	\$		0.00	_
	8d.	Unemployment compensation	8d.			0.00	\$		0.00	_
	8e. 8f.	Social Security Other government assistance that you regularly receive	8e.	•	\$	0.00	\$		0.00	_
	OI.	Include cash assistance and the value (if known) of any non-cash assistance	,							
		that you receive, such as food stamps (benefits under the Supplemental								
		Nutrition Assistance Program) or housing subsidies.	01		Φ.		Φ.			
	0~	Specify: Pension or retirement income	_ 8f.		. —	0.00	\$		0.00	_
	8g. 8h.	Other monthly income. Specify:	8g. 8h.		*	0.00	· ·		0.00	_
	OII.	Cuter monthly income: Specify.	_ 011	· '_	Ψ	7.00	΄_		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	5(	0.00	\$		0.0	0
			г			$\dashv$				
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	4,481.00	+ \$	8	04.95	= \$	5,285.95
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L			L				
11.		e all other regular contributions to the expenses that you list in Schedule								
		ude contributions from an unmarried partner, members of your household, your	depe	ende	ents, your room	ımate	s, and			
		er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not	availa	ahle	to nav expens	es lis	ted in S	chedule	ا. د	
	Spe	·	avanc	2010	to pay expens	00 110	ica iii o	11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, it								
	app		iii Liai	ZIIIC	oo ana relatet	ı Dalı	<i>a</i> , 11 10	12.	\$	5,285.95
	•							I	Combi	ned
										ly income
13.	Do	you expect an increase or decrease within the year after you file this form	?							-
		No.								
		Yes Explain:								

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